



CalFresh Expansion/SSI Workgroup Partner Engagement

Agency Name:	
Contact Name:	
Contact Email:	
Contact Phone:	

Please indicate type(s) of engagement opportunities that your agency could contribute.

➤ **Outreach and Promotion**

- ☐ Need material provided
- ☐ Can print own material
- ☐ Other: _____

Display posters at site location(s)

- ☐ How many posters needed? _____

➤ **Tabling/outreach events**

- ☐ Own staff is available to table at events
- ☐ Will host Food Bank staff to table at upcoming event(s)

➤ **Host ACCFB staff to present**

- ☐ To Potential Applicants
- ☐ To Agency Staff

➤ **Host CalFresh enrollment event at own location**

- ☐ Can help set up appointments for application assistance

➤ **Refer interested clients to ACCFB via FoodNow.net**

- ☐ Use foodnow.net and comidaahora to refer interested applicants for CalFresh

➤ **My agency/staff can provide CalFresh application assistance**

My agency receives CalFresh funding to support CalFresh application assistance: Y or N

- ☐ Assist clients at own site
- ☐ During client home visits
- ☐ Staff need additional training

➤ **Do Mailer to own client base to raise awareness**

- ☐ Can provide contact list directly to ACCFB's mail house
- ☐ Will coordinate and manage own mailing

Other? _____